## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 CLAIMS AS FILED - PART I (Column 1) (Column 2)

|  |   |   | <u> </u>                                   | 4                                       |                   |               |           |            |                     |                        |               |                              |                        |  |
|--|---|---|--|---|-------------------|---------------|-----------|------------|---------------------|------------------------|---------------|------------------------------|------------------------|--|
| CLAIMS AS FILED - PART ( (Column 1) (Column 2)                         |   |   |  |   |                   |               | ;<br>2)   |            | SMALL ENTITY TYPE   |                        | OR            | OTHER THAN<br>R SMALL ENTITY |                        |  |
| U.S. NATIONAL STAGE FEES   |   |   |  |   | <u> </u>          |               |           |            | RATE                | FEE                    | 7             | RATE                         | FEE                    |  |
| BASIC FEE  |   |   | SMALL ENT. = \$ 150                        |   | LARG              | GE ENT. =     | \$ 300    |            | BASIC FEE           |                        | OR            | BASIC FEE                    | 300                    |  |
| EXAMINATION FEE  |   |   | Satisfies PCT A                            | All other situations = .\$ 100 / \$ 200 |                   |               | EXAM. FEE |            | 1                   | EXAM. FEE              | 250           |                              |                        |  |
| SEARCH FEE   |   |   | U.S. Is ISA = \$ ALL other cou \$ 200 / \$ | All of                                  | her situatio      | ns =          |           | SEARCH FEE |                     | ·                      | SEARCH FEE    | 400                          |                        |  |
| FEE FOR EXTRA SPEC. PGS.   |   |   | minu                                       | minus 100 =                             |                   | / 50 =        |           |            | X \$ 125 =          |                        |               | X \$ 250 =                   | ,                      |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | q mir                                      | nus 20 =                                | •                 | <br>I         |           |            | X \$ 25 =           |                        | OR            | X \$ 50 =                    | /                      |  |
| INDEPENDENT CLAIMS   |   |   | minus 3 = .                                |   | • /               |               |           |            | X \$ 100 =          |                        | OR            | X \$ 200 =                   |                        |  |
| MUL  | TIPLE DEPEN   | DENT CLAIM PRI                            | ESENT                                      |   |                   |               |           | + \$ 180 = |                     | OR                     | + \$ 360 =    |                              |                        |  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |  |   |                   |               | •         | TOTAL      |                     | OR                     | TOTAL         | 900                          |                        |  |
| 04/21/05 (Column 1) (Column 2) (Column 3)                              |   |   |  |   |                   | nn 3)         |           | SMALL E    | NTITY               | OR                     | OTHER SMALL E |                              |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID I        | BER<br>USLY       | PRESI<br>EXTI |           |            | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | . 9                                       | Minus                                      | " 2                                     | 6                 | 8             |           |            | X \$ 25 =           |                        | OR.           | X \$ 50 =                    | 1                      |  |
|  | Independent   | •   | Minus .                                    |   | 3                 | 2             |           |            | X \$ 100 =          |                        | OR            | X \$ 200 =                   |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |   |                   |               |           |            | + \$ 180 =          |                        | OR            | + \$ 360 =                   |                        |  |
|  |   |   |  | •                                       |                   |               |           | _          | TOTAL ADDIT.<br>FEE |                        | OR            | TOTAL ADDIT.<br>FEE          |                        |  |
|  |   | (Column 1)                                |  | (Colum                                  | nn 2)             | (Colum        | າກ 3)     |            |                     |                        |               | . <b>3</b> .                 | ' ·                    |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUME<br>PREVIO<br>PAID F       | ST<br>IER<br>USLY | PRESE         | ENT       |            | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE                         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus                                      | **                                      |                   | -             |           | Ī          | X \$ 25 =           |                        | OR            | X \$ 50 =                    |                        |  |
|  | independent   | •   | Minus                                      | ***                                     |                   | =             |           | ľ          | X \$ 100 =          |                        | OR            | X \$ 200 =                   |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |   |                   |               |           | Ī          | + \$ 180 =          |                        | OR            | + \$ 360 =                   |                        |  |
| TOTAL ADDIT.  FEE  OR  TOTAL ADDIT.  FEE                               |   |   |  |   |                   |               |           |            |                     |                        |               |                              |                        |  |
| ***  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |  |   |                   |               |           |            |                     |                        |               |                              |                        |  |